



## **TESTIMONY**

Submitted by Coco Sellman  
Co-Owner, All Pointe Home Care

Higher Education and Employment Advancement Committee Public Hearing  
**February 7, 2023**

**HB-5438 AN ACT ESTABLISHING A DEBT-FREE STATE COLLEGE PROGRAM FOR EMPLOYEES OF DAY CARE FACILITIES, HOME HEALTH CARE AGENCIES, AND NURSING HOMES.**

**HB-5441 AN ACT CONCERNING COLLEGE GRADUATES WHO WORK IN THE FIELDS OF EDUCATION OR HEALTH CARE IN THE STATE.**

Representative Haddad, Senator Slap, and distinguished member of the Higher Education and Employment Advancement Committee, my name is Coco Sellman. I am an owner of All Pointe Home Care, a CT-licensed and Medicare accredited home health agency with skilled nursing, home health aide, occupational therapy, speech therapy, and social work services for patients in the home. We specialize in around-the-clock complex nursing care paid by Medicaid for medically fragile children and adults, and are the second largest provider in CT of at-home skilled intermittent services for children. I am also the Chair of the CT Association for Healthcare at Home, the united voice for the DPH-licensed home health care agencies.

I am here before you today to address the proposals in HB 5438 and HB 5441 aimed at supporting employment in home health care.

As a provider of complex nursing care and skilled intermittent services, I can tell you without hesitation that our #1 challenge is workforce. We simply cannot find, hire, and retain enough nurses and home health aides to care for the patients we



have, let alone the daily requests from Connecticut Children's Hospital, Yale Hospital, and Hospital for Special Care to admit new patients into the community.

Nurses can earn \$10-50/hr more in other care settings (hospitals and skilled nursing facilities) and with local travel nursing (which has completely disrupted the nurse workforce in our state). Given that we get paid a per visit or per hour rate, we get paid only when a nurse delivers the service. Unlike a hospital or other facility that is paid a daily rate regardless of whether nurses call in sick or the team is simply understaffed, home health only gets paid when the nurse is present. And the Medicaid reimbursement rates do not leave enough to provide meaningful benefits, like comprehensive health insurance, 401Ks, and competitive paid-time off.

Home health aides are moving into other fields that offer both better hourly compensation, as well as much-needed benefits. Every day, we watch them leave to get better compensation and benefits at Walmart, Starbucks, and Five Guys.

**I strongly support HB 5438, which would establish debt-free college for my employees, giving nurses, home health aides, and therapists a reason to stay in the field** and not move elsewhere. If a nurse knows her children can go to college if she is a home health nurse, we immediately incentivize nurses to stay or move into home health. This provides a benefit we as home health employers could never afford alone. This bill would also encourage students to go into the field so that they could one day offer the same benefits to their children. Unlike most workforce initiatives that are longer term, this act would bring immediate relief to our workforce challenges.

**I also strongly support HB 5441 which would establish a loan forgiveness program for graduates in healthcare.** This is another important piece of legislation that could have meaningful, immediate results in the community. My recommendations for this bill:

1. Make sure the loan forgiveness is not all at one time, but rather over many years and is contingent on providing proof of staying in the field 32+ hours per week.



2. Include in the bill not just loan forgiveness from past healthcare graduates, but also includes those enrolling in nursing, home health aide, OT, PT, ST, and social work programs now. Again, the program should require staying in the field for many years to come for the loan forgiveness to continue.
3. Be sure it includes all members of the healthcare arena including but not limited to all the disciplines under home health: certified home health aides, licensed practical nurses (LPNs), registered nurses (RNs), bachelors in Nursing (BSN), masters in nursing (MSN), advanced practice registered nurses (APRNs), physician assistants (PAs), physical therapy assistants (PTAs), physical therapists (PTs), certified occupational therapist assistants (COTAs), occupational assistants (OTs), and social workers.

We know that nationally 20% of nurses left the field in the pandemic. These important bills would hopefully call many of them back, while also incentivizing more people to move into the field.

Thank you for the opportunity to provide testimony and feel free to contact me with any questions.

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